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Bib Data Sheet

CONFIRMATION NO. 1327

<b>SERIAL NUMBER</b> 10/604,328	<b>FILING OR 371(c) DATE</b> 07/11/2003 <b>RULE</b>	<b>CLASS</b> 713	<b>GROUP ART UNIT</b> 2116	<b>ATTORNEY DOCKET NO.</b> BUR920020129US1
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\*\* CONTINUING DATA \*\*\*\*\*

None ref 6/17

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None ref 6/17

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

10/09/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> VT	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>ref 6/17</u> Examiner's Signature Initials				

## ADDRESS

30449

## TITLE

POWER DOWN PROCESSING ISLANDS

<b>FILING FEE RECEIVED</b> 978	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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